

APPENDICES

APPENDIX A

INSPECTION CHECKLIST

Included with these work practice controls is a Construction Safety Inspection Checklist and Quarterly Safety and Security Audit. These documents will be used by the UDOT Safety Risk Manager to conduct a Monthly Audit of the Contractors Safety Records and Performance. Once a Deficiency is identified the responsible Contractor will correct the problem immediately. Weekly safety and security inspections will be conducted with the Contractors site Safety Representative and the Engineer Safety.

Failure to correct an identified deficiency will result in administrative action being taken by the Engineer.

If an Imminent Risk situation is identified by anyone the hazard will be immediately corrected, work will be stopped until safety measures are taken. The Engineer UDOT Safety Risk Manager will be contacted.

SAFETY NOTICE OF NON-COMPLIANCE

Rec.
The UDOT Engineer will generate a Safety Notice of Non-Compliance when necessary.

Score: _____ of 100

UDOT WORK ZONE Inspection

(Infraction weight: -1 minor -2 serious -3 severe x 2 for major or repeat)

Date: _____ Time: _____ Speed Limit: _____ Case #: _____

Engineer: _____ Contractor: _____

Location: _____ Project #/Work: _____

FLAGGING

GUIDANCE

PROTECTION

_____ A. Flaggers certified?

_____ G. Travel path defined?

_____ N. Public protected?

_____ B. Dressed properly?

_____ H. Lane change/closure ok?

_____ O. Warning of hazards?

_____ C. Proper control of traffic?

_____ I. Obsolete marks removed?

_____ P. Flags on signs?

_____ D. Proper work signs & paddle?

_____ J. Devices clean/undamaged?

_____ Q. Device removed/not in use?

_____ E. Flaggers Visible?

_____ K. Proper devices in taper?

_____ R. Traffic devices comply?

_____ F. Nighttime flagging/lights?

_____ L. Special Provisions/Plans?

_____ S. Attractive Nuisance?

_____ M. UDOT Standard Spec's?

_____ T. OTHER?

COMMENTS:

SAFETY:

_____ 1. Aerial lift tie off

_____ 12. Fire Extinguisher

_____ 23. ROPS

_____ 2. Air Hoses

_____ 13. First Aid Equipment

_____ 24. Qualified Operators

_____ 3. Back up alarms

_____ 14. Flammable Storage

_____ 25. Safety Bulletin Board

_____ 4. Chains

_____ 15. Fork Lifts

_____ 26. Sanitation Facilities

_____ 5. Confined space entry

_____ 16. Hand Rails on Platforms

_____ 27. Scaffolds + Inspection

_____ 6. Cranes / Platforms

_____ 17. Housekeeping

_____ 28. Seat Belt Use

_____ 7. Drinking Water

_____ 18. Impalement Protection

_____ 29. Tag Lines on Loads

_____ 8. Electrical Cords / GFCI

_____ 19. Ladder secure

_____ 30. Tool Box Meetings

_____ 9. Environmental

_____ 20. MSDS on Site

_____ 31. Welding Tank Storage

_____ 10. Excavation / Trench

_____ 21. PPE

_____ 32. Wheel Chocks

_____ 11. Fall Protection

_____ 22. Power Tools

_____ 33. OTHER

COMMENTS:

NAME:

TITLE:

1.		
2.		
3.		
4.		
5.		

Safety:

Rating will be based on the last three year average of Project Inspections. Scale used will be as follows:

1.	Average score 96% - 100%	1.3
2.	Average score 92% - 95%	1.1
3.	Average score 88% - 91%	0.7
4.	Average score 84% - 87%	0.5
5.	Average score 80% - 83%	0.3
6.	Average score 0% - 79%	0.0

INSTRUCTIONS FOR ASSESSING POINT DEDUCTIONS ON WORK ZONE INSPECTIONS

The following definitions are to be used as a basis for assessing point deductions for violations determined by Work Zone Inspections. Multiple of two times the point deductions will be assessed for repeat and/or subsequent similar infractions on the same project.

- ▶ **Minor** - An act or omission of failing to comply with applicable standards related to job safety and health that does not constitute an immediate danger, exposure or threaten bodily harm/injury or death to workers or the public.
- ▶ **Serious** - An act or omission of failing to comply with applicable standards, specifications, special provisions, industry standards, etc. related to job safety and health and/or the loss project funds. Also, any act or omission that constitutes an immediate danger and exposure to bodily harm/injury and the substantial possibility of death to workers or the public.
- ▶ **Severe** - An act or omission with intentional disregard or indifference to complying with applicable standards, specifications, special provisions, industry standards, etc. related to job safety and health and/or the loss of project funds. Any condition which results from the aforementioned performance that constitutes imminent danger and is immediately life threatening to workers or the public.

Note: Failure to abate and or repeat infractions that are SERIOUS or SEVERE constitutes willful neglect and will cause an immediate stoppage of the work until the noted infractions are corrected or abated.

"A completed work zone inspection report is **not a public record**. Distribution and Release is subject to Utah Codes 63A-4-206, 63A-4-207, 63-2-304(16) and 63-2-304(24)."

Inspections will be performed by designated Department personnel in conjunction with a contractor representative on each project. (Each contractor being rated shall have a minimum of twelve (12) inspections performed on one or more projects during the three (3) year rating period. The three (3) year average rating will determine a contractor's eligibility to bid future projects.

100% @ Construction Inc 108 0-119

APPENDIX B

SPILL NOTIFICATION PROCEDURE

Initial determination as to the severity of the spill is the responsibility of the Contractor.

EMERGENCY SPILL: The spill presents a potential for harm to personnel or the environment, the Contractor is not able to immediately control and clean-up the spill and/or the spill exceeds the reportable quantity the Contractor or Engineer Team Member will:

1. Clear and secure the immediate area.
2. Notify the UDOT Safety Risk Manager at: _____
3. Notify the Engineer
4. Notify the UDOT Construction Coordinator.
5. An incident report will be submitted within 24 hours to the Contracts Manager. The UDOT Safety Risk Manager will review the report and if necessary hold a Post incident meeting with the Contractor.

NON-EMERGENCY SPILL:

1. A non-emergency spill is a spill that does not present potential harm to personnel and/or the environment, the Contractor has the ability to immediately control and clean-up the spill, and the spill is less than 25 gallons.
2. All spills must be cleaned up and disposed of properly a spill report will be submitted to the ENGINEER explaining the spill quantity and method of disposal including Hazardous Waste Disposal Manifest if applicable.

The Contractor will notify the Engineer any time a spill occurs no matter what the size or nature of the spill involves.

APPENDIX C

CRANE – CRITICAL LIFT CHECKLIST

Date: _____	Project Name: _____	
To: _____	C.I.P. No.: _____	W.I.P. No.: _____
_____	Contractor: _____	
Attn: _____	Contract No: _____	
From: _____	Location: _____	
Subject: _____	Description of lift: _____	

CRITICAL LIFT CHECKLIST

Definition: A critical lift is any lift that exceeds 90% of the crane's rated capacity, any lift involving more than one crane or any lift involving unusual or severe hazards.

1. Name of supervisor in charge of lift: _____
2. Name of crane operator: _____
3. Name of signal person(s) _____

The person in charge of the lift must check the following items.

4. Pick Conditions

- A. Is the crane-pad level, firm and stable?
- B. Has the longest picking radius been measured?
- C. Have special hazards been identified?
 1. Power lines
 2. Obstruction in lift path
 3. Location of underground utilities or structures
 4. Weather conditions
- D. Has lift sequence been established and reviewed?
- E. Are unnecessary personnel clear of area?

OK	N/A

5. Load Conditions

- A. Load weight _____ lbs.
- B. Weight of rigging _____ lbs.
- C. Weight of the load block and line _____ lbs.
- D. Has the Center of Gravity of the load been established & marked? _____ Y _____ N
- E. Is rigging adequate and in good condition? _____ Y _____ N

6. **Communication**

- A. Have hand signals been reviewed?
- B. Has location of spotters been established?
- C. If radios are used:
 - 1. Have they been tested from location of use?
 - 2. Is frequency clear of other radio traffic?

7. **Condition of Crane (checked by Operator)**

- A. Is pad blocking adequate and substantial?
- B. Is the crane level?
- C. Are ropes and pendants in good condition?
- D. Are adequate parts of line being used?
- E. Is line reeved properly?
- F. Are controls in good working condition to insure smooth operation.

- G. What is the boom length?
- H. What is the maximum boom angle?
- I. What is the maximum load radius?
- J. Is the load within chart limits for the above conditions?

OK	N/A
OK	N/A

 _____Y_____N

Has a pre-lift meeting been conducted with all persons involved to review this information?

_____Yes _____No

Signed: _____

Supervisor

Project Manager

APPENDIX D

CONFINED SPACE ENTRY CHECKLIST

DATE: _____ CONTRACTOR: _____

CONTRACT #: _____

JOB SITE LOCATION: _____

DESCRIPTION OF SPACE: _____

TIME ISSUED: _____ TIME EXPIRES: _____

EMPLOYEES ENTERING SPACE: _____

JOB SPECIFIC HAZARDS: _____

INITIAL ATMOSPHERIC READING: _____ TIME: _____

OXYGEN: _____% LEL: _____% H₂S: _____ppm CO: _____ppm

OTHER: _____ppm OTHER: _____ppm OTHER: _____ppm

CAN HAZARDS BE ELIMINATED? _____YES _____NO

RE-CLASSIFY AS NON-PERMIT ENTRY _____YES _____NO

QUALIFIED PERSON / SUPERVISOR: _____

CHECKLIST

LOCK OUT/TAG OUT _____	BLANK _____	PURGE _____
VENTILATION _____	STAND-BY _____	
HOT WORK PERMIT _____	FIRE EXTINGUISHERS _____	
FULL BODY HARNESS _____	LIFELINES _____	PPE _____
RESCUE EQUIPMENT _____	RESPIRATOR TYPE _____	
NON-SPARKING TOOLS _____	EXPLOSION PROOF LIGHTING _____	
ESCAPE EQUIPMENT _____	ESCAPE AIR _____	
CPR TRAINED ATTENDANT _____	SECURE AREA _____	
COMMUNICATION _____		

APPENDIX E

ACCIDENT/INCIDENT INVESTIGATION REPORTS

All Contractors will use the forms provided by their individual insurance carriers for accident/incident investigation reports.

APPENDIX F

JOB SAFETY ANALYSIS (JSA) WORKSHEET

Date: _____ Project Name: _____
To: _____ C.I.P. No.: _____ W.I.P. No.: _____
_____ Contractor: _____
Attn: _____ Contract No: _____
From: _____
Subject: _____

JOB SAFETY ANALYSIS WORKSHEET

Title of Job Operation: _____ Date: _____ No. _____
Position/ Title of Person(s) Doing Work: _____ Analysis made by: _____
_____ Analysis Reviewed by: _____
Anticipated Date and Time Activity will Begin: _____

Sequence of Basic Job Steps	Potential Accidents or Hazards	Recommended Safe Job Procedures

1. Struck By (SB)
2. Struck Against (SA)
3. Contacted By (CB)
4. Contact With (CW)

5. Caught On (CO)
6. Caught In (CI)
7. Caught Between (CB)
8. Fall – Same Level (FS)

9. Fall to Below (FB)
10. Overextension (OE)
11. Exposure (E)

(CONTINUE ON ADDITIONAL PAGES AS NEEDED)

Date: _____
 To: _____

 Attn: _____
 From: _____
 Subject: _____

Project Name: _____
 C.I.P. No.: _____
 W.I.P. No.: _____
 Contractor: _____
 Contract No: _____

Employee Review Form		Hazardous Work Permit/Job Safety Analysis Sign-Off	
I have read the attached Hazardous Work Permit and/or JSA and understand the hazards associated with this job.			
Date	Time	Employer	Name

- 1. Struck By (SB)
- 2. Struck Against (SA)
- 3. Contacted By (CB)
- 4. Contact With (CW)

- 5. Caught On (CO)
- 6. Caught In (CI)
- 7. Caught Between (CB)
- 8. Fall – Same Level (FS)

- 9. Fall to Below (FB)
- 10. Overextension (OE)
- 11. Exposure (E)

APPENDIX G

EMPLOYEE AND VISITOR LOGS

All Contractors will be required to general and maintain a visitor log. The log shall be available to UDOT upon request.

APPENDIX H

SAFETY BELTS/HARNESS & LANYARDS INSPECTION RECORD

HARNESS INSPECTION CHECKLIST

EMPLOYEE NAME

EQUIPMENT #

SERIAL #

ITEMS TO INSPECT

Indicate OK or use an R to indicate REPLACE

BELT WEBBING or LEATHER____

STITCHING_____

RIVETS & EYELETS____

D-RINGS_____

BUCKLES_____

BODY PADS_____

SAFETY LATCHES ON HOOKS____

FALL ARREST LANYARD_____

POSITIONING LANYARD_____

CERTIFICATION or DATA TAG_____

Inspection of equipment must be performed daily before use. Report and replace defective equipment immediately. **Do not use defective or personally owned equipment unless inspected by Competent Person.**

All components have been inspected and are in safe working condition _____YES _____NO

Additional Comments:

SIGNATURE

SSN

DATE

APPENDIX I

HOT WORK CHECKLIST

PROCEDURE - A hot checklist is required when ignition sources may be introduced. The contractors Site Safety Representative (SSR) is responsible for all site hot work.

DEFINITION - Hot work is any process which because of its design or function can cause ignition of a gaseous or vaporous atmosphere due to direct or indirect contact.

HOT WORK PERMIT

The SSR has surveyed the site and found the following Hot Work condition(s) do or may exist at _____ and will require permitting.
(location)

CONDITION	YES	NO	CONDITION	YES	NO
Welding			Electrical equipment, fixed		
Cutting			Electrical equipment, portable		
Use of power tools			Electrical equipment, hand-held		
Space heaters			Others		

PRE-WORK CHECKLIST All items must be completed.	YES	NO	N/A
Has the work area inspected by SSR prior to Hot Work beginning?			
Has a fire watch been established? Name?			
Is the fire extinguisher appropriate for the media?/Readily accessible?			
Is the work area clear of all trash and combustible debris?			
Is the equipment properly grounded?			
Has the area in which hot work is to be performed been monitored for combustible atmosphere?			
Will combustible gas indicator(s) (CGI) be used constantly during Hot Work?			
If no, why?			
List additional personal protective equipment (PPE) worn:			
Is welding or cutting on closed systems prohibited?			
Are their closed system cutting procedures established?			

DATE ___/___/___ TIME ___:___ CHECKLIST EXPIRATION TIME ___:___

CERTIFICATION OF SSR THAT HOT WORK MAY COMMENCE _____
(SSR Signature)

A new hot work checklist will be required at the beginning of each shift or after more than one (1) hour intervals of no hot work procedure.

HOT WORK TEAM SIGN-OFF		
I/we have read and understand the terms of the above Hot Work Checklist		
NAME (PLEASE PRINT CLEARLY)	SIGNATURE	DATE/TIME

CERTIFICATION OF SSR THAT THE HOT WORK AREA HAS BEEN SHUT DOWN AND THAT, UPON INSPECTION OF AT LEAST 30 MINUTES AFTER HOT WORK SHUT DOWN, THAT NO IGNITION POTENTIAL EXISTS:

SITE SAFETY REPRESENTATIVE SIGNATURE _____ TIME: _____

APPENDIX J

MONTHLY WIRE ROPE & HOOK INSPECTION REPORT

WIRE ROPE INSPECTION REPORT								
CRANE NO.:		MILEAGE:		HOURS:		DATE INSPECTED:		
WIRE ROPE		(A) NUMBER OF BROKEN WIRES PER:		(B) % DIAMETER REDUCTION (WEAR OR CORE DAMAGE)		(C) KINKED, CRUSHED OR CUT, LOSS OF LAV., ETC.?	(D) LUBED, CORROSION (INTERNAL OR EXTERNAL), HEAT DAMAGE?	(E) TERMINAL TACKLE, BLOCKS, HOOKS, ETC.?
Type	Size	(1) Lay?	(2) Strand?	(1) Ind. Wire?	(2) Tot. Rope?			
Main Hoist (Ld. Line)								
Boom Hoist (Top Lift)								
Jib Hoist (Whip Line)								
Pendants (Main)								
Pendants (150 foot boom+)								
Jib guys (Upper)								
Jib guys (Lower)								

Inspected at (Location): _____ By: _____

Comments: _____

APPENDIX K

MOBILE CRANE SAFETY INSPECTION CHECKLIST

CRANE INSPECTION CHECKLIST						
CRANE NO:	MILEAGE:		HOURS:	DATE:		
A. GENERAL REQUIREMENTS	OK	*REP	C. MAIN MACHINE	OK	*REP	
1. Capacity charts in cab			1. Controls			
2. Special instructions posted			2. Clutches			
3. Barricades (tailswing)			3. Brakes			
4. Exhaust pipes guarded			4. Brake locks			
5. 5 BC fire ext. in cab			5. Main drum			
6. First-aid kit in cab			6. Boom hoist			
7. Safety glass in cab			7. Boom hoist panel			
8. Guardrails/hand holds			8. Boom hoist kickout			
9. Platform and steps/non-skid			9. Oil leaks			
10. Proximity signs, 10 ft. min.			10. Hook rollers and turret			
11.			11.			
B. ATTACHMENTS			D. CARRIER			
1. *Hooks and blocks (safety latch on hook)			1. Steering			
2. Sockets and rope clamps			2. Brakes (all system)			
3. Boom and lacing			3. Lights, horns, wipers			
4. Boom stops			4. Transmission			
5. Spreaders and gantry			5. Differential			
6. Jib and stops			6. Clutch			
7. Outriggers and pads			7. Engine			
8. Counterweights			8. Tires and wheels			
9.			9. Gauges			
10.			10.			
USE WIRE ROPE FORM FOR CABLE INSPECTIONS						

Inspected at: (Location) _____ By: _____

* Repair or Replace – Respond on the reverse side by specific item letter and number. Require separate, recorded annual inspection for deformation and/or cracks.

CRANE OPERATOR'S WRITTEN TEST

NAME: _____ DATE: _____

Answer the following questions. There is only one (1) right answer for each question.

OSHA CRANE SAFETY REGULATIONS

1. A load rating chart shall be located:
 - a. In a location which is clearly visible to the operator.
 - b. Within reach of the crane operator's work station.
 - c. Both a & b.
 - d. None of the above.
2. A visual inspection of the entire crane should be performed:
 - a. Daily.
 - b. Weekly.
 - c. Monthly.
 - d. Only when equipment is not functioning properly.
3. Mobile cranes whose outriggers are not fully extended should use the _____ to determine capacity.
 - a. Crane's outrigger chart.
 - b. Crane's rubber chart.
 - c. Boom angle indicator.
 - d. Crane's stability.
4. If the weight of a load is unknown, the crane operator should do what?
 - a. Do not make the pick until the weight is determined.
 - b. Lift it carefully to test the crane's stability.
 - c. Get a qualified person to determine the weight of the load.
 - d. Both a & c.
5. What actions should be taken if there is danger of persons or equipment becoming caught between rotating parts of the crane and other objects?
 - a. The swing radius should be roped off.
 - b. The hazardous area should be barricaded off and training performed for individuals working within the barricade system.
 - c. Warn everyone to KEEP OUT!
 - d. Either a or b, depending on the situation.

6. The minimum required boom clearance when working around energized high voltage lines (50,000 volts or less) is:

- a. 5 feet.
- b. 10 feet.
- c. 12 feet.
- d. 20 feet.

7. A **quad** is valid for a period of ____ years.

- a. 2 years.
- b. 3 years.
- c. 4 years.
- d. 5 years.

APPENDIX L

DRUG-FREE WORK PLACE ACT

, law

Every person or organization awarded a contract or grant by the UDOT for the provision of services shall certify to the STATE that it will provide a drug-free work place by doing all of the following:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the work place, and specifying the actions that will be taken against employees for violations of the prohibition.
- b. Establishing a drug-free awareness program to inform employees about all of the following:
 - 1) The dangers of drug abuse in the work place.
 - 2) The organization's policy of maintaining a drug-free work place.
 - 3) Any available drug counseling, rehabilitation, and employee assistance programs.
 - 4) The penalties that may be imposed upon employees for drug abuse violations.
- c. For those projects which are partly funded by a Federal grant, these additional requirements will apply:
 - 1) Each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above.
 - 2) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 3) abide by the terms of the statement; and
 - 4) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the work place no later than five calendar days after such conviction;
 - 5) The employer will notify the UDOT in writing, within ten calendar days after receiving notice under paragraph 4 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to the UDOT on those projects under Federal grant.
 - 6) Take one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted.
 - 7) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

APPENDIX M

EMPLOYEE SAFETY AWARENESS PROGRAM (EASP)

Each Contractor is responsible for generating an Employee Safety Awareness Program.

APPENDIX N

NOTIFICATION OF INTENT TO PROCEED WITH EXCAVATION

CONTRACTOR: _____ DATE: _____ NO. _____

DATES OF EXCAVATION FROM: _____ TO: _____
(MAXIMUM FOUR (4) WEEKS. IF EXCAVATION MUST CONTINUE A NEW NOTIFICATION MUST BE MADE.)

DESCRIPTION OF EXCAVATION:

EXCAVATION LOCATION: (INDICATE NORTH AND PROJECT SITE COORDINATES)

NAME OF COMPETENT PERSON IN CHARGE OF EXCAVATION: _____

EXCAVATION GREATER THAN 4FT DEEP: ____ YES ____ NO, MAXIMUM DEPTH: _____
FEET

SPECIAL CONDITIONS/ PROCEDURES:

OSHA PERMIT RECEIVED: (If Required) _____ BLUESTAKE NOTIFIED:

_____ SAFETY PLAN/TRENCH SHORING PLAN SUBMITTED:

FACILITY OWNERS NOTIFIED: _____ (DATE OF NOTIFICATION)

CONTRACTOR'S AUTHORIZED REPRESENTATIVE DATE

SPECIAL CONDITIONS/PROCEDURES

THE ENGINEER ASSUMES NO RESPONSIBILITY FOR THE EXECUTION OF THE WORK.
SPECIAL CONDITIONS OR PROCEDURES TO BE OBSERVED FOR THIS EXCAVATION:

_____ AS BUILT DRAWINGS ARE REQUIRED FOR THE INSTALLATION OF ALL TEMPORARY OR
PERMANENT UNDERGROUND UTILITY PIPELINES, DUCT BANKS AND CABLES.

UDOT SAFETY RISK MANAGER

DATE

NOTIFICATION OF INTENT TO PROCEED WITH EXCAVATION

- A. No excavation, earthwork, underground utility installation, foundation or temporary facilities construction, shall begin until the CONTRACTOR has submitted a **NOTIFICATION OF INTENT TO PROCEED WITH EXCAVATION** to the ENGINEER.
- B. The purpose of the notification procedure is as follows:
 - 1. Notifies the UDOT Safety Risk Manager of the need for monitoring the excavation and to assure that all safety plans and/or trench shoring plans have been reviewed.
 - 2. Advises the Site UDOT Safety Risk Manager of the name of the Competent Person in charge of the excavation.
 - 3. Allows the ENGINEER to notify the CONTRACTOR of special conditions or procedures required during the excavation.
 - 4. Notifies the ENGINEER of any work that must be coordinated by the CONTRACTOR with other parties onsite.
- C. CONTRACTOR shall notify the ENGINEER of intent to excavate by transmitting a "NOTIFICATION OF INTENT TO PROCEED WITH EXCAVATION" at least five (5) days prior to the date proposed for the start of excavation. CONTRACTOR shall not submit the request until all required safety/shoring plans have been reviewed and the notifications required have been completed.
- D. The CONTRACTOR shall number the requests consecutively as directed by the ENGINEER. A copy of the notification shall be maintained on file and the Contractor's Competent Person shall have access to a copy at all times while work is progresses within the excavation.
- E. This program shall not relieve the CONTRACTOR of any responsibilities for conducting the work in a safe manner and meeting all the requirements of OSHA or the CFR Construction Safety Orders for Excavations. Nothing in this section shall change the requirements of the General Conditions, Underground Utilities or other safety requirements.

APPENDIX O

COMPETENCY TEST FOR SAFETY

Employer: _____

Date: _____

Name: _____

True	False	Craftsman
<input type="checkbox"/>	<input type="checkbox"/>	1. All injuries, no matter how slight, must be reported to your foreman immediately.
<input type="checkbox"/>	<input type="checkbox"/>	2. Using compressed air or other gasses for blowing off clothing or body is allowed.
<input type="checkbox"/>	<input type="checkbox"/>	3. Hard hats, safety glasses, work boots, long pants and sleeved shirts are required on the project site.
<input type="checkbox"/>	<input type="checkbox"/>	4. Ladders should extend three (3) feet above a landing and be tied off.
<input type="checkbox"/>	<input type="checkbox"/>	5. Handrails and toeboards shall be installed on all scaffolds except rolling scaffolds.
<input type="checkbox"/>	<input type="checkbox"/>	6. Lift with your legs, not your back.
<input type="checkbox"/>	<input type="checkbox"/>	7. Keep empty and full compressed gas cylinders upright and secured at all times.
<input type="checkbox"/>	<input type="checkbox"/>	8. Fuels should only be stored in properly labeled safety containers.
<input type="checkbox"/>	<input type="checkbox"/>	9. A GFCI is not required when a tool is properly grounded.
<input type="checkbox"/>	<input type="checkbox"/>	10. Unsafe conditions or near misses shall be reported immediately.
<input type="checkbox"/>	<input type="checkbox"/>	11. Trenches less than six (6) feet in depth do not require shoring or sloping.
<input type="checkbox"/>	<input type="checkbox"/>	12. Taglines are only required on large loads.
<input type="checkbox"/>	<input type="checkbox"/>	13. Compressed gas cylinders should be laid down while transporting.
<input type="checkbox"/>	<input type="checkbox"/>	14. Illegal drugs and alcohol on the project site are prohibited.
<input type="checkbox"/>	<input type="checkbox"/>	15. When working in tight areas, it is permissible to ride a load in a bucket or the hook on a crane.
<input type="checkbox"/>	<input type="checkbox"/>	16. Violating safety rules may result in permanent removal from the site.

True	False	Operators
		17. Operators must inspect equipment, fuel, oil and water levels before operating equipment.
		18. Heavy equipment shall not be operated within ten (10) feet of overhead power lines.
		19. Never raise a load over other workers.
		20. Gasoline is an approved cleaning agent.
		21. It is unnecessary to secure a load on a truck for a short job site move.
		22. Crane operators may exceed capacity charts if instructed to do so by their supervisor.
		23. Welders must wear leathers, UV shield, gloves and occasionally a respirator during the performance of their duties.
		24. Only trained and authorized employees shall operate equipment.
		25. Defective equipment should be removed from service until necessary repairs have been made to make the equipment safe.
		26. It is permitted to hoist employees in a bucket, on a suspended load, on the forks of a lift truck, or the hook of a crane.
		27. When chipping or cutting, eye, face and head protection is required.
		28. A hot work permit should be completed before welding in a hazardous or uncontrolled area.
		29. Violating site safety rules or requirements may result in immediate and permanent removal from the project site.
		30. Welding screens are only required on dark or windy days.
		31. Forks should be as near to the ground as possible while moving a load.
		32. Equipment should be parked, secured and the key removed when not in use, or the operator is greater than 25 feet from the equipment.

APPENDIX P

LEAD PROTECTION PROGRAM CHECKLIST

(Detach for Posting)

UDOT is committed to providing all employees with an injury free work environment. To ensure this, we developed the following updated guidelines for managing the health and environmental hazards of lead exposure.

- _____ 1. Before working on a painted surface, coating removal/application, ironwork, etc., the coating must be analyzed for lead and PCB's.
- _____ 2. All lead related activities must incorporate engineering, administrative and work practice controls, such as ventilation, job rotation, worker isolation, and steel preparation without removal in their activity plan to minimize lead exposure to <50 ug/mg when feasible.
- _____ 3. Employees exposed to lead dust/fumes must have their blood checked following UDOT's medical surveillance program, for lead levels **prior** to exposure.
- _____ 4. If an employee's BLL test result is at or above 30 ug/dl (UDOT's action level), a First Report of Incident must be completed, and the cause investigated.
- _____ 5. If a BLL test result is at or above 40 ug/dl, a First Report of Incident must be completed and the employee removed/excluded from the contaminated work environment until two consecutive test results indicate levels below 40 ug/dl. Note: A BLL at or above 50 ug/dl is an OSHA recordable illness.
- _____ 6. To prevent ingestion and inhalation of lead dust/fumes, UDOT employees working around lead must use UDOT supplied protective clothing and equipment.
- _____ 7. Jobsite hygiene controls will include the following:
 - * running water (heated if possible)
 - * showers if results from air monitoring show >50 ug/m3 (PEL)- Adjust PEL if working other than 8 hour shifts.
 - * soap (pumpable if possible)
 - * clean towels to wash up
 - * clean un-contaminated break area
 - * clean un-contaminated change area
 - * clean weekly coveralls (daily if levels are >200 ug/m3)
 - * work areas cleaned with HEPA vacuum
 - * proper respiratory protection (supplied air, PAPR, etc.)
- _____ 8. Before lead work starts, employees must receive training in UDOT's Hazard Communication Program about lead hazards.
 - * Identification
 - * Elimination
 - * Personal Protection
 - * Medical exams/consultations
 - * OSHA lead standard
 - * Engineering controls/good work practices
 - * Access to records
- _____ 9. Assessment and ongoing air monitoring **must** be done at specific intervals (as defined in Airborne Lead Monitoring Section of this policy) to ensure respirator and personal protection is adequate when a lead dust or fume hazard exists.
- _____ 10. All lead waste is "hazardous" and must be stored, labeled and shipped according to the Federal and State Standards.

APPENDIX Q

LEAD WORK INSPECTION CHECKLIST

1. ☐ Activity/area description _____
2. ☐ Housekeeping _____
3. ☐ Areas vacuumed/cleaned _____
4. ☐ Work areas controlled and signs posted _____
5. ☐ Respirators stored properly _____
6. ☐ Mechanical ventilation operation/flow _____
7. ☐ Engineering controls adequate _____
8. ☐ Administrative controls adequate _____
9. ☐ Activity plan current and in the workplace _____
10. ☐ Air monitoring current _____
11. ☐ Wipe sampling current _____
12. ☐ PPE (coveralls, boots, hats, gloves, etc.) adequate _____
13. ☐ Hygiene practices adequate _____
14. ☐ Wash/change facilities clean/organized _____
15. ☐ Breathing air systems operation check _____
16. ☐ Waste storage proper _____
17. ☐ Employee lead training completed _____
18. ☐ Lunch/break areas clean _____
19. ☐ Smoking, eating, drinking, work areas _____
20. ☐ Respirators appropriate for activity _____
21. ☐ Blood tests current _____
22. ☐ Appropriate power tools being used _____
23. ☐ Fit testing/medical exams current _____
24. ☐ Lead waste contained to work and hazardous waste storage areas and labeled _____
25. ☐ Evaluate public/private inhabitants in surrounding work areas that could potentially be affected by lead fumes/dust release. _____

Competent Person: _____

Date: _____

APPENDIX R

MEDICAL EXAM DECLINE FORM

I, _____ have declined to take a complete medical exam offered to me by my employer even though my blood lead levels are above 40 ug/dl and below 50 ug/dl.

Date

Employee's Signature

Date

Project Engineer/Project Manager

Cc: Safety/Risk Manager

Date: _____

CONTENT OF MEDICAL EXAM FORM

The content of the medical exam shall be determined by an examining physician and must include at least the following:

1. Fertility test or pregnancy test if requested by the employee
2. Detailed work history and medical history
3. Thorough physical examination
4. Pulmonary status
5. Blood pressure measurement
6. Blood lead testing with ZPP
7. Hemoglobin and hematocrit determinations, red cell indices, and examination of peripheral smear morphology
8. Blood urea nitrogen
9. Serum creatinine
10. Routine urinalysis with microscopic examination (this is not a drug test)
11. Other relevant testing determined by the examining physician.

Give two copies of this to employee before they go to their medical evaluation. They can give a copy to the examining physician.